

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: David A. Bulpett *et al.*RECEIVED
CENTRAL FAX CENTER

Application Serial No.: 10/627,504

Group Art Unit: 1712

MAY 18 2005

Filed: July 25, 2003

Examiner: David Buttner

For: URETHANE ELASTOMERS WITH
IMPROVED COLOR STABILITY

Attorney Docket No. B03-50

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Petition for Extension of Time is being submitted to extend the period to respond to the Office Action dated January 18, 2005, which had a shortened statutory period of response of three (3) months. Applicant respectfully requests that such period be extended for a period of one (1) month, from April 18, 2005 to, and including, May 18, 2005.

A fee of \$120.00 is believed to be due for this petition. A fee transmittal form indicating as such is submitted herewith.

Respectfully submitted,

Date: May 18, 2005



William B. Lacy (Reg. No. 48,619)
Patent Counsel
Acushnet Company

Phone: (508) 979-3540
Customer Number: 40990

05/19/2005 SMINASS1 00000077 502309 10627504

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MAY 18 2005

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

Complete If Known	
Application Number	10/627,504
Filing Date	July 25, 2003
First Named Inventor	David A. Bulpett
Examiner Name	David Buttner
Art Unit	1712
Attorney Docket No.	B03-50

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description Fee (\$)Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	50	= 0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	200	= 0

Paid IC = the greater of 3 or highest number of independent claims paid for

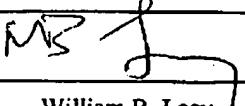
Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =		250	=

4. OTHER FEES

Extension for response within first month \$120

Other: _____

SUBMITTED BY

Signature		Registration No.: 48,619	Telephone: (508) 979-3540
Name	William B. Lacy	Date: May 18, 2005	